

# Agenda Item Form

Agenda Date: 04/20/04

Districts Affected: N/A

Dept. Head/Contact Information: Tax Office, Juan Sandoval, (915) 541-4058

## Type of Agenda Item:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Resolution                       | <input checked="" type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments        |
| <input type="checkbox"/> Tax Installment Agreements       | <input type="checkbox"/> Tax Refunds                       | <input type="checkbox"/> Donations                 |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer                   | <input type="checkbox"/> Item Placed by Citizen    |
| <input type="checkbox"/> Application for Facility Use     | <input type="checkbox"/> Bldg. Permits/Inspection          | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements            | <input type="checkbox"/> Contract/Lease Agreement          | <input type="checkbox"/> Grant Application         |
| <input type="checkbox"/> Other _____                      |  |  |

## Funding Source:

- ☒ General Fund  
☐ Grant (duration of funds: \_\_\_\_\_ Months)  
☐ Other Source: \_\_\_\_\_

## Legal:

☐ Legal Review Required      Attorney Assigned (please scroll down): None      ☐ Approved      ☐ Denied

Timeline Priority:   ☐ High      ☒ Medium      ☐ Low      # of days: \_\_\_\_\_

## Why is this item necessary:

Transfer of incumbents to Building Permits & Inspections due to reorganization.

## Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Salary and Benefits

## Statutory or Citizen Concerns:

None Anticipated

## Departmental Concerns:

None Anticipated

2004 APR 25 PM 12 44  
CITY CLERK'S OFFICE

APR 14 2004

DATE: 4/6/04

CITY OF EL PASO  
STAFFING TABLE CHANGE REQUEST

Date sent to City Council: 4/20/04

INITIALS 2004-68

DEPARTMENT NAME: Tax Office	(1) HR DEPARTMENT ID 6	(2) ATTACHED DOCUMENTATION <input type="checkbox"/> Description of Duties <input type="checkbox"/> Organization Chart	Date sent to Personnel: REQUESTED EFFECTIVE DATE: 4/25/04
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A=add

D=delete


D=delete		(3)	(4)	(5)	(6)	ACTIONS		*-Position Type	*R/T/C = Regular, Temporary, Contra		*L/U = Classified, Unclassified	
A/D	# OF POS	Max Head Count	Business Unit	ACCOUNT DESCRIPTION and ACCOUNT CODE Fin. Dept. ID-Fund-Fin. Loc. Proj. or Grnt. (00000000-00000-00000PorG0000)				JOB CODE	JOB CLASS TITLE	PLAN GRADE	R/T/C	L/U
D	1	1	COFEP	Acct. 501000 Dept. 06010022 Fund 01101 Class 06000				1112	Cashier II	GS 16	R	L
D	1	1	COFEP	Acct. 501011 Dept. 06010022 Fund 01101 Class 06000				1112	Cashier II	GS 16	T	U
			COFEP									
			COFEP									
			COFEP									
			COFEP									
			COFEP									
			COFEP									

(7) Purpose: ☒ Streamline ☐ Expanded Program ☐ New Program ☐ New Facility ☐ Other (Explain)

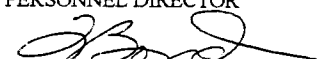
(8) STATEMENT OF NEED / CONSEQUENCES OF NOT APPROVING ACTION(S): Transfer of incumbents to Building Permits &amp; Inspections due to reorganization.

## ANTICIPATED IMPACT ON:

(9) DEPARTMENT ORGANIZATION/OPERATIONS	(10) DEPARTMENT BUDGET
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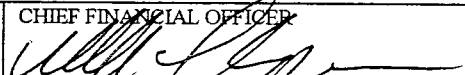
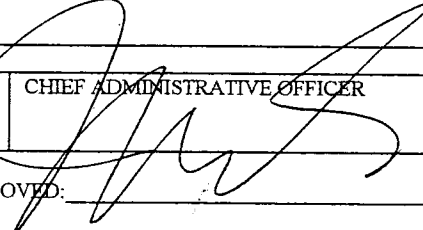
(11) DEPARTMENT HEAD SIGNATURE: 	DATE: 4/6/04	BUDGET CHANGE <input type="checkbox"/> Required <input type="checkbox"/> Attached	AMOUNT ADDITIONAL FUNDS
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## PERSONNEL DEPARTMENT RECOMMENDATION

<input checked="" type="checkbox"/> Requested CC and CG is Appropriate <input type="checkbox"/> Change Class To <input type="checkbox"/> Change Grade To	COMMENTS 4-6-04	PERSONNEL DIRECTOR 	DATE 4-7-04
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## O.M.B RECOMMENDATION / C.A.O. APPROVAL

COMMENTS: OK! David Amate 4-12-04
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RECOMMENDATION <input type="checkbox"/> Position(s) Recommended <input type="checkbox"/> Position(s) Not Recommended	CHIEF FINANCIAL OFFICER 	CHIEF ADMINISTRATIVE OFFICER 
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APPROVED:

DATE

4-14-04